

MULTIPLE DEPENDENT CLAIM
FEE COMPUTATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL

FILING DATE

10/530393

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2	/					
3	/					
4	/					
5	/					
6			5			
7			5			
8			5			
9			5			
10			5			
11	/					
12	/					
13	/					
14	/					
15			20			
16			21			
17	/					
18			(5)			
19	/					
20			7			
21			1			
22			1			
23			1			
24			(5)			
25			(5)			
26	/					
27			1			
28			1			
29			1			
30			1			
31			1			
32			1			
33			1			
34			1			
35			1			
36			1			
37			1			
38						
39						
40						
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	13					
TOTAL DEP.	45					
TOTAL CLAIMS	58					

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
55						
56						
57						
58						
59						
60						
61						
62						
63						
64						
65						
66						
67						
68						
69						
70						
71						
72						
73						
74						
75						
76						
77						
78						
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						